

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	m c		2/11/00
O.I.P.E. CLASSIFIER		7	2-24-00
FORMALITY REVIEW	w	67479	4-10-00
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	✓	8/24/03
2	✓	✓	8/24/03
3	✓	✓	8/24/03
4	✓	✓	8/24/03
5	✓	✓	8/24/03
6	✓	✓	8/24/03
7	✓	✓	8/24/03
8	✓	✓	8/24/03
9	✓	✓	8/24/03
10	✓	✓	8/24/03
11	✓	✓	8/24/03
12	✓	✓	8/24/03
13	✓	✓	8/24/03
14	✓	✓	8/24/03
15	✓	✓	8/24/03
16	✓	✓	8/24/03
17	✓	✓	8/24/03
18	✓	✓	8/24/03
19	✓	✓	8/24/03
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29	✓	✓	8/24/03
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45	✓	✓	8/24/03
46	✓	✓	8/24/03
47	✓	✓	8/24/03
48	✓	✓	8/24/03
49	✓	✓	8/24/03
50	✓	✓	8/24/03

Claim	Final	Original	Date
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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